



Department of Defense INSTRUCTION

NUMBER 6430.2

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ASD(HA)

SUBJECT: DoD Medical Standardization Board (DMSB)

References: (a) DoD Directive 6430.2, "DoD Medical Standardization Board," June 21, 1984 (canceled by reference (b))
(b) [DoD Directive 6000.12](#), "Health Services Operations and Readiness," April 29, 1996

1. REISSUANCE AND PURPOSE

This Instruction reissues reference (a) as a DoD Instruction, under reference (b), to implement policy and update responsibilities, organization, management, and functions of the DMSB.

2. APPLICABILITY

This Instruction applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Defense Agencies, and the DoD Field Activities (hereafter referred to collectively as "the DoD Components"). The term "Military Services," as used herein, refers to the Army, the Navy, the Air Force, and the Marine Corps.

3. DEFINITIONS

Terms used in this Instruction are defined in enclosure 1.

4. POLICY

It is DoD policy, under DoD Directive 6000.12 (reference b)), that:

4.1. Deployable medical systems (DEPMEDS) and medical assemblages shall be standardized to the maximum extent possible, consistent with the missions of the Services, to enhance interoperability, increase efficiency, and maximize resources. The DoD Components shall acquire only those DEPMEDS and medical assemblages submitted for approval by the DMSB and approved by the Assistant Secretary of Defense for Health Affairs (ASD(HA)).

4.2. Standardized medical materiel shall be used in the total healthcare system to the greatest extent possible to achieve economies of scale, minimize wastage of outdated shelf-life items, and allow health care providers to use in peacetime what they will use during contingency operations.

4.3. The D-Day Significant Item List shall form the basis of a Combatant Command-designated Single Integrated Medical Logistics Management (SIMLM) shopping guide or catalog for ordering routine materiel during the early stages of a contingency or until the Defense Personnel Support Center (DPSC) shall provide sustained routine wholesale logistics support. The Combatant Command Surgeon, with the Chairman of the Joint Chiefs of Staff, shall develop procedures to ensure that this policy is integrated into operational plans.

4.4. The DPSC or an integrated materiel manager (IMM) shall not procure items that deviate from the established essential characteristics of DMSB-standardized items without the prior approval of the DMSB Staff Director.

5. RESPONSIBILITIES

5.1. The Assistant Secretary of Defense for Health Affairs, under the Under Secretary of Defense for Personnel and Readiness, shall:

5.1.1. Establish DEPMEDS policies and guidelines as a doctrinal basis for theater wartime medical care and operations other than war, considering the coordinated recommendations of the Chairman of the Joint Chiefs of Staff and the Military Departments.

5.1.2. Approve only those DEPMEDS and medical assemblages that have been developed and submitted by the DMSB or developed by the Military Services and reviewed and submitted by the DMSB. Review the Military Services' war reserve implementation, procurement, and sustainment programs to ensure maximum standardization of DEPMEDS and medical assemblages.

5.1.3. Appoint the Chair, DMSB.

5.1.4. Resolve any conflict about the duties and responsibilities of the DMSB that may arise among the Military Services that cannot be resolved by the Chair, DMSB.

5.1.5. Assign additional duties and responsibilities to the Chair, DMSB, as applicable.

5.1.6. Appoint a representative from the Office of the ASD(HA) (OASD(HA)) as a voting member to the DMSB.

5.2. The Chairman of the Joint Chiefs of Staff shall ensure that the Joint Staff, Director for Logistics (J-4) shall appoint a representative as a voting member to the DMSB.

5.3. The Under Secretary of Defense for Acquisition and Technology shall appoint a non-voting representative to the DMSB.

5.4. The Secretary of the Army shall:

5.4.1. Provide support for the internal administration and operation of the DMSB, including civilian personnel, civilian personnel administration, security administration, inspections, investigations, space, facilities, supplies, and other administrative services.

5.4.2. Program, budget, and finance all costs of operations of the DMSB and its staff. The pay, allowances, and permanent change of station (PCS) travel of DMSB members and assigned military staff shall be provided by the applicable Military Service.

5.5. The Secretaries of the Military Departments shall:

5.5.1. Appoint to the DMSB medical department officers at O-7 grade level, or above, as the voting representatives of their respective Surgeons General, and in the case of the Department of the Navy, the Commandant of the Marine Corps.

5.5.2. Obtain DMSB review and ASD(HA) approval before acquiring DEPMEDS. Make maximum use of standardized DoD materiel and commercial off-the-shelf items.

5.5.3. Provide pay, allowances, and PCS travel of DMSB members and assigned military staff.

6. ORGANIZATION, MANAGEMENT, AND FUNCTIONS

6.1. The DMSB voting membership shall consist of one medical department officer at the O-7 grade level, or above, from each of the Military Services, the Chairman of the Joint Chiefs of Staff, and the OASD(HA). The DMSB Chair shall be rotated every 2 years among the Military Services without regard to seniority.

6.2. The OASD(HA) representative shall be responsible for overall peacetime and readiness-related medical policy guidance.

6.3. The representative from the Chairman of the Joint Chiefs of Staff shall represent the Commanders of the Combatant Commands.

6.4. The Office of the Under Secretary of Defense for Acquisition and Technology representative shall be responsible for overall logistics policy guidance on input and interests of the Defense Logistics Agency (DLA).

6.5. The DMSB Chair shall:

6.5.1. Review and approve the formal agenda for all DMSB meetings and preside at them. Determine whether matters referred to the DMSB are appropriate for consideration. Call meetings no less than quarterly.

6.5.2. Strive to obtain consensus. Should the voting members of the DMSB fail to reach consensus on an issue, the Chair shall present dissenting opinions to the ASD(HA) for final resolution.

6.5.3. Provide quarterly status briefing to the TRICARE Readiness Executive Committee.

6.6. The DMSB shall:

6.6.1. Establish rules of procedure and methods of operation with the approval of the ASD(HA) and establish joint Service groups, as necessary, to accomplish the DMSB mission.

6.6.2. Coordinate and guide the Services, through the Joint Services Medical

Logistics Coordinating Group, in the development of a common framework and plan for medical logistics functional support of Commander-in-Chief wartime and operations other than war requirements.

6.6.3. Review DEPMEDS and other assemblages developed by the Services and the DMSB staff and submit those that meet the standardization policies of this instruction to the ASD(HA) for approval.

6.7. The DMSB and staff shall:

6.7.1. Standardize materiel for all contingency and peacetime health care facilities and assemblages and ensure that standardization actions support the needs of the Military Services, procurement actions, and availability of medical war reserve materiel and peacetime operating stocks.

6.7.2. Direct and/or assist in the development of DEPMEDS and medical assemblages to ensure that they are standardized to the maximum extent, consistent with the distinctive missions of the Military Services, and manage changes to keep them current.

6.7.3. Develop and provide all applicable DoD Components with tools (e.g., the D-Day Significant Item List) containing suitable substitute or interchangeable items of medical materiel for planning, programming, building, and maintaining medical assemblages.

6.7.4. Oversee medical shelf-life management programs, in coordination with the Services and the Food and Drug Administration, affecting expiration date management of dated and deteriorative materiel and other items found in Services' assemblages.

6.7.5. Operate as a single point of contact for, and maintain liaison between, the DLA and other Government Agencies in all clinical and technical matters involving standardized medical materiel. Conduct item entry, retention, replacement, and deletion of standardized medical items in the DoD supply system through essential characteristic development and/or modification. Act as the preparing activity for medical standardization documents using the DPSC as its agent in preparing them.

6.7.6. Provide clinical and technical expertise in support of the procurement process by recommending strategies and services best able to satisfy Military Department requirements. Review procurement specifications to ensure compliance with essential characteristics. Approve or disapprove requests for waiver or deviation

to essential characteristics in coordination with the requiring Service. Develop testing and performance evaluation criteria with the procurement agency. Participate in all first article testing and pre-award product evaluations of medical equipment procured under the DEPMEDS program and other consolidated buying programs.

6.7.7. Determine items for which sources of supply shall be limited to selected producers to meet the Military Services' clinical and logistics support requirements, and designate, with Service input, acceptable supply sources.

6.7.8. Adjudicate all Type I, II, and III materiel complaints as the clinical focal point and agency responsible for medical materiel quality assurance issues, as described in DLA Directive 4155.28. Coordinate with the administrative focal point, DPSC, and monitor voluntary and involuntary product recalls, hazard alerts, and advisory notices.

6.7.9. Provide clinical input to DoD Medical Equipment Committee. The DMSB Staff Director shall appoint a member of the DMSB Staff to serve as Committee Chair.

6.7.10. When requested, provide nonbinding clinical advice to the Combatant Commands during contingency operations on the allocation and priorities of critical medical materiel assets, with input from Services' specialty consultants, other Federal Agencies, and the industrial base.

6.7.11. Ensure early identification of candidate procedures, clinical policies, and developmental equipment by working through the applicable Joint Technology Coordinating Group of the Armed Services Biomedical Research Evaluation Management Board.

6.7.12. Participate as an observer at Service in-process reviews of medical materiel development programs, including milestone decision reviews, to promote the requirements of other Services and ensure appropriate standardization of medical materiel and supporting clinical policies and procedures before transition of an item to its procurement phase.

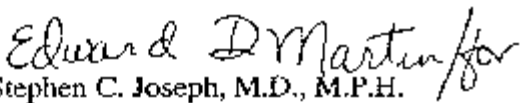
6.7.13. Coordinate with Services' research and development and logistics organizations for testing and evaluation of nondevelopmental and developmental products designed for joint use to ensure that performance meets user requirements and supports essential characteristics.

6.7.14. Develop, test, and modify computer models in support of joint

Military Service medical requirements and capabilities, the DMSB mission, and as tasked by ASD(HA) or as requested by the Services and the Chairman of the Joint Chiefs of Staff.

7. EFFECTIVE DATE

This Instruction is effective immediately.


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Assistant Secretary of Defense for Health Affairs

Enclosures - 1

1. Definitions

E1. ENCLOSURE 1

DEFINITIONS

E1.1.1. D-Day Significant Item List. A list consisting of critical consumable medical materiel, with alternates and substitutes, required for use during contingency operations and conflicts.

E1.1.2. Deployable Medical Systems (DEPMEDS). A contingency military treatment facility capable of being located in a desired or required area of operation during a contingency, war, or national emergency. These facilities provide medical care capabilities to meet the requirements of Echelons 2, 3, and 4. Exceptions to this policy shall be made by the ASD(HA).

E1.1.3. Integrated Materiel Manager (IMM). An organization designated by the DLA to manage a specific commodity or groups of commodities (e.g., DPSC is the IMM for medical materiel) at the wholesale level for the Department of Defense.

E1.1.4. Item Entry. The process of:

E1.1.4.1. Evaluating new or improved medical items for entry into the DoD supply system.

E1.1.4.2. Preparing and updating essential characteristics (i.e., mandatory qualities required of an item to accomplish a specific professional, therapeutic, military, or technical function).

E1.1.4.3. Submitting completed action documentation (i.e., item review reports) for cataloging and obtaining a National Stock Number (NSN).

E1.1.5. Single Integrated Medical Logistics Manager (SIMLM). When two or more Services are operating within the Combatant Command's area of responsibility, a single Service may be designated as the SIMLM. The SIMLM provides medical materials management, medical equipment maintenance and repair, blood management, and optical fabrication for all joint forces within the theater of operations, except U.S. Navy gray hull ships.

E1.1.6. Standardization of Deployable Medical Systems. The systematic development of deployable medical systems, on a line-by-line basis, to ensure that components are standardized to the maximum extent possible. Deviations are

documented and based only on the distinctive missions or logistical and support restrictions, or both, of the Military Services.

E1.1.7. Standardized. To be uniform on the basis of NSN, Universal Product Number, or authorized substitutes.

E1.1.8. TRICARE. TRICARE is the name given to the managed care program for all Military Service beneficiaries. TRICARE encompasses all assets belonging to the Military Health Services System (MHSS) and contracts with managed care companies to provide care beyond the capabilities of the MHSS.